

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1420 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 16, 1888

Full Name of Deceased, Matha Mulla Lewis  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, one Years, 7 Months, 7 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, None  
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Maryland  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life Time

Place of Death, 907 N. Chester St.  
{ Give Street and Number. }

Cause of Death, Meningitis  
{ First (Primary), Second (Immediate), Exhaustion. }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 18 1888

Undertaker, John Herring J. E. Heard M. D.  
Medical Attendant.

Place of Business, 2008 Orleans St. Address, 1610 E Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 142 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 13<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth A. Collins.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, X

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Co

Duration of Residence in the City of Baltimore, X

Place of Death, { Give Street and Number. } 604. Baker St

Cause of Death, { First (Primary), Second (Immediate), } Dysentery.

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 15

{ Undertaker, J. J. Chalmers } P. Brown M. D.

{ Place of Business, 2041 Penna Address, \_\_\_\_\_ }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1422 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 17 - '87.

Full Name of Deceased, Georgie Munschka  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 43 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Wht.

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, Germany  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 8 mos.

Place of Death, 20 Albemarle St.  
{ Give Street and Number. }

Cause of Death, Valvular dis. of heart (aortic valves)  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, July 18<sup>th</sup>

Undertaker, Fred Gaede

Place of Business, 108 S. Calvert St.

Alexander Hill, M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Re

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and to List of Diseases on back of this Certificate.

BALTIMORE, TUESDAY, JULY 19, 1887.

Health D

of Baltimore.

Permit No.

1423

Statistics.

Ward

232

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within a ~~twenty-four~~ <sup>four</sup> hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 17, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Leonard Cease

Sex, Male or Female,

{ Cross out the word not required in this line.

(Suchs)

Age,

42 Years,

3 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Grocer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Balt. Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number.

1518 E. Pratt St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Gastric ulcer

Rheumatic fever

Two week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Anthony

Date of Burial,

July 18<sup>th</sup>

Undertaker,

Fred Gaede

Place of Business,

1008 S. Carolina

Address,

2000 E. Pratt St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore. 17

Permit No. A 1424 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16/87  
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edward Lyons  
Sex, Male or Female, {Cross out the word not required in this line.} Male  
Age, 1 Years, 6 Months, Days.  
Color, White  
Married, Single, Widow or Widower, {Cross out the words not required in this line.} ☒ Single  
Occupation, ☒ City  
Birth Place, {State or country, and how long in the United States, if of foreign birth.} City  
Duration of Residence in the City of Baltimore, ☒ City  
Place of Death, {Give Street and Number.} 135 E. Light St. to Lane  
Cause of Death, {First (Primary), Second (Immediate),} Cholera Infantum  
Duration of Last Sickness, 3 days  
All the above information should be furnished by the Physician.  
Place of Burial, Linden Park Cemetery  
Date of Burial, July 18/87  
{Undertaker, Daniel Flynn} E. Michman M. D.  
{Place of Business, 42 E. West St.} Address, 526 Cherry St.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. **A 1425**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *July 17th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *S. Charles Corrae*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *8* Years, *5* Months, *5* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Baltimore Med.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Life Time*

Duration of Residence in the City of Baltimore, *Life Time*

Place of Death, { Give street and number. } *1610 E. Chase St.*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera Infantum*

Duration of Last Sickness, *One Week*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount.*

Date of Burial, *July 18. 1887.*

*A. G. Watson* M. D.  
Medical Attendant.

*Wm. H. Hickman*  
Undertaker, Address *1501 N. Central Ave.*

*234 N. Gay.*  
Place of Business.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1426 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 17-87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months,    Days.

Color, Dark

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bald. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 609 Bayview St.

Cause of Death, { First (Primary), Second (Immediate), } Hydrocephalus  
Convulsions

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 18 1887

{ Undertaker, Hercules Ross

{ Place of Business, 434 Cornway St. Address, 600 Col. Av.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1427 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 17th July 1887

Full Name of Deceased, Sarah Long  
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 2 Days.

Color, Colored

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, Baltimore city Md.  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 123. Montgomery St.  
{ Give street and Number. }

Cause of Death, congestive - fever  
{ First (Primary), Second (Immediate), } convulsions

Duration of Last Sickness, 2 days, or from birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp st cemetery

Date of Burial, July 18 1887

Undertaker, H. enclosé Ross

Place of Business, 104 Conway St. Address, 224 W. Hill St.

L. D. Ogden M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Physicians on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1428 Office of Registrar of Vital Statistics.

Ward

15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 18 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Oscar Smith

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

3

Days.

Color,

Caucasian

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

(State or country, and how long in the United States, if of foreign birth.)

Balt.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

(Give Street and Number.)

122 W. Montgomery St.

Cause of Death,

First (Primary),

Second (Immediate),

Atresia of bowel

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Mary's Cemetery

Date of Burial,

July 18 1887

Undertaker,

Hercules Ross

Place of Business,

408 E. Calver St.

R. M. Hall

M. D.

Medical Attendant.

1019 D. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. **A 1429** Office of Registrar of Vital Statistics.

Ward **202**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jessy L Stocksdale

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

About 6

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give Street and Number. }

1406 Madison St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera infantum

Duration of Last Sickness,

About 14 hours

All the above information should be furnished by the Physician.

Place of Burial,

London Park.

Date of Burial,

July 18/87

{ Undertaker,

J. B. Cook

Elias C Price M. D.

Medical Attendant.

{ Place of Business,

1003 W. Baltimore St

958 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]